

## Task Identification Process (TIP) List<sup>1</sup>

### Services or Installation of Goods (Prepared by the Subcontractor)

Project Title \_\_\_\_\_

Subcontracting Firm \_\_\_\_\_ Subcontract No. \_\_\_\_\_

Subcontractors and vendors providing services, including the installation of purchased goods, are required to complete a TIP List. This list does not include every Environment, Safety, and Health (ES&H) related concern at LLNL. It is intended to highlight major concerns common to most onsite service activities.

#### Fire Protection

Will the job involve welding, soldering, or torch cutting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will flammable / combustible liquids be used or stored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will temporary heating devices be used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will water or fire extinguishers be provided on the job site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

[Examples include any work involving solvents, fuels, soldering, torch cutting, or heating devices; (e.g., gasoline and diesel fuel delivery services, high-voltage cable splicing services, elevator repair services, flooring services, cafeteria hood cleaning and fire suppression service, and water pipe repair services.)]

#### Electrical Safety

Will lockout / tagout be required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will work be performed on or near energized equipment, lines, or circuits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Note: If yes, no work may be performed until reviewed and approved by LLNL / Hazards Control.

If yes, describe:

\_\_\_\_\_  
(Examples of this work include industrial shredder maintenance, power machinery repair services, elevator repair, overhead bridge crane maintenance / repair services, cathodic protection services, hydraulic test systems repair / service, and air compressor rebuilding services.)

#### Overhead Power Lines and Hidden Utilities

Will hazards associated with overhead power lines (e.g., clearance) be an issue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will potential underground or hidden utilities need to be located on the job site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If yes, how will this be accomplished and who will perform the work (e.g., LLNL, subcontractor, other)?

\_\_\_\_\_  
[Examples of this work include tree pruning services, tree removal / relocation / replacement, underground utility identification services, concrete sawing and removal services, and drill rig operations (e.g., soil characterization services, water well drilling, geotechnical investigation, and wall drilling. )]

<sup>1</sup> See the P&M Home page for the “Services or Installation of Goods” TIP List form.

## Electrical Power Transmission and Distribution

Will there be repair or maintenance of transmission and distribution lines and equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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What methods will the subcontractor use to prevent accidental contact with energized lines or equipment?

Will workers be using nonconductive tools?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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(Examples of this work include high-voltage cable splicing services, telecommunications upgrade services, and elevator repair services.)

## Powder-Actuated Tools

Will powder-actuated tools be used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are operators trained and qualified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

(Examples of this work include awning / canopy installation, tent installation, and furniture / fixture installation.)

## Fall Protection

Will workers be exposed to a potential fall in excess of 6 feet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, describe how this will be protected:

(Examples of this work include tree pruning, window and ledge cleaning, window replacement, high-voltage cable splicing services, overhead bridge crane maintenance / repair services, roll-up door replacement, tent installation, awning / canopy installation, overhead air exchange installation, construction inspection and testing services.)

## Scaffolding and Ladders

Will scaffolding or ladders be used and approved worker access be provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will scaffolding or ladders be exposed to wet or slippery conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will scaffolding or ladders need to be secured to the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the subcontractor have a designated supervisor for the work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

(Examples of this work include window cleaning, tree pruning, window replacement, roll-up door replacement, tent installation, and awning / canopy installation.)

## Demolition and Salvage

Does the subcontractor have a demolition / salvage plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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How will passers-by be protected from potential hazards?

How will materials be lowered?

Have the demolition materials been evaluated for reuse or recycling?

## Cranes, Forklifts, and Manlifts

Will crane(s), forklift(s), manlift(s), or other lifting equipment be used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has lifting and rigging equipment been inspected and certified as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the subcontractor have a designated competent operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will lifting attachments be used in conjunction with forklifts that are approved for use by the forklift manufacturer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

(Examples of this work include heavy or oversized goods delivery, tree pruning, overhead bridge crane maintenance / repair, high-voltage cable splicing, and roll-up door replacement.)

## Motor Vehicles and Heavy Equipment

Will the subcontractor be using motor vehicles or heavy equipment onsite?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will all operators have valid state driver's licenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will vehicles, including safety features (e.g., rollover protection), be inspected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

[Examples of this work include delivery of goods, personnel transportation services, trailer relocation services, oil / water pump out and recycling services, asphalt grinding and asphalt sealing services, portable toilet services, weed / brush abatement and mowing services, landscape hydroseed services, drill rig operations (e.g., soil characterization services, water well drilling, tree stump grinding, concrete sawing and removal, and scrap iron removal services.)]

## Ergonomics

Will potential ergonomic injuries be controlled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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## Confined Spaces

Will work be performed in vaults, manholes, trenches, or tanks more than 4 feet deep?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, describe:

Does the subcontractor have a written confined space work program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will work involving welding, torch cutting, brazing, grit blasting, or any machinery use be performed in or near confined spaces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will painting, application of other coatings, or use of chemicals, solvents, combustibles, or similar hazardous materials be performed in confined spaces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

[Examples of this work are many and varied; any service that could involve working in vaults, pits, tanks, etc.; (e.g., cathodic protection services, high-voltage cable splicing services, telecommunications upgrades, construction inspection and testing services, water / fuel storage tank clean-out services, and utility corrosion inspection services.)]

## Respiratory Protection

Will the job involve materials or processes requiring respiratory protection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the subcontractor have a written respiratory protection program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

[See sections on Confined Spaces, Chemicals, Asbestos, Lead, and Silica Dust (OSHA considers dust masks respirators.)]

## Personal Protective Equipment

Will the subcontractor provide workers with appropriate personal protective clothing and equipment (e.g., leather gloves, hardhats, eye protection, face protection, safety shoes, hearing protection, chemical gloves / clothing)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, describe:

Does the subcontractor have a written Personal Protective Equipment program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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(Examples of this work include most industrial-type services / installations.)

## Asbestos-Containing Materials

Is there a possibility that asbestos containing materials (ACM) will be encountered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, describe:

Does the subcontractor have an asbestos work program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has a 10-day notification to the Bay Area Air Quality Management District (BAAQMD) been submitted for renovations involving ACM greater than or equal to 100 linear feet, 100 square feet, or 35 cubic feet prior to renovation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

[Examples of this work include disturbance or penetrations of flooring, walls, ceiling tiles, pipe lagging, and transite siding, particularly in older facilities; (e.g., furniture / fixture installation, carpeting / flooring services, and boiler repair / tune-up services.)]

## Lead-Containing Materials

Is there a possibility that lead-containing materials will be encountered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, describe:

Does the subcontractor have a lead work program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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[Examples of this work include disturbance of lead-based paint, particularly in older facilities. Lead is also present in certain electrical circuitry and metal alloys; (e.g., overhead bridge crane maintenance / repair, high-voltage cable splicing services, boiler repair / tune-up services, fixture installation services, and chiller maintenance / repair services.)]

## CHEMICALS, SOLVENTS, FUMES, VAPORS, AND DUSTS

(OSHA PELs and ACGIH TLVs apply)

Will work involve chemicals, solvents, painting, welding, torch cutting, brazing or grit blasting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, describe:

Will Material Safety Data Sheets (MSDSs) be submitted for all potentially hazardous chemicals and solvents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will emergency eyewashes and showers be available to employees as necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will ventilation requirements be reviewed to preclude exposure to employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are all paints in compliance with Bay Area Air Quality Management District (BAAQMD) limits on volatile organic compound (VOC) content?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will an LLNL environmental analyst evaluate all grit blasting waste before disposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

[Examples of this work include operations involving cleaning solvents, adhesives, paints, and binders; (e.g., solvent recycling services, oil pumpout and recycling services, diesel fuel filtration services, emergency hazardous waste removal / decontamination services, storage tank clean-out services, countertop installation (epoxies), portable toilet services, and flooring.)]

## Silica Dust

Will work involve jackhammering, rotohammering, drilling, grinding or other disturbance of concrete that might create silica dust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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(Examples of this work include installations, pavement / concrete grading and paving, concrete sawing and removal services.)

## Noise

Will employees be exposed to high noise levels on this job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the subcontractor have a written hearing conservation program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

(Examples of this work include installations and heavy equipment operation.)

## Heat Stress

If heat stress is an issue, will heat stress monitoring be routinely performed in accordance with the ACGIH TLVs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, describe:

Will a rest area be provided in a cooler environment (e.g., utilizing shade, fans, air conditioning, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will the subcontractor provide liquid replenishment at the job site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will a work / rest regimen be enforced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has training on recognizing the signs and symptoms of heat stress and heat stroke been provided to workers and supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## Radiation and Laser Safety

Will radioactive material / sources be used onsite?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, describe:

Will radiation-producing equipment be used onsite?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, describe:

Will special radiation dosimetry be required (other than normal LLNL-issued dosimeters)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will an LLNL Radiation Work Permit for Visitors be required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will the use of alignment lasers be necessary to perform work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

(Examples of this work include radiography services and equipment / surface alignment services.)

## Environmental Compliance

Will a 10-day notification to the Bay Area Air Quality Management District (BAAQMD) be required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will all gasoline- or diesel-powered portable electrical generators be rated below 50 horsepower?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will all excess equipment and debris waste be evaluated by an LLNL environmental analyst to determine proper disposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will adequate measures be taken to prevent discharge of hazardous and regulated materials to the environment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will equipment and vehicles be inspected daily for leaks of fuel, engine coolant, and hydraulic fluid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## Storm Water Pollution Prevention Plan (SWPPP)

Will all work be performed in compliance with the LLNL SWPPP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will a project-specific SWPPP be submitted to the LLNL ES&H Team for review?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will all concrete mixing, concrete cutting, and equipment-rinsing wastewaters be discharged to a low area or into a constructed basin for dewatering?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

(Examples of this work include concrete sawing and removal and hosing down equipment / work surfaces during clean up.)

## Additional Concerns

Does the subcontractor recognize any other potential ES&H concerns that could be associated with this work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Describe mitigation measures:

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**TIP List completed by:**

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Subcontractor's signature

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Date

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Title / Firm

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Phone

**Subcontractor's designated person responsible for onsite environment, safety, and health:**

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Name

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Title

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Firm

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Phone